

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention	LIP SEAL FOR ROLLER CONE DRILL BIT																					
Application Number :																						
Date :																						
First Named Applicant:	Mr. Bruce H. Burr																					
Attorney Docket Number:	78.1171																					
TOTAL FEE AUTHORIZED \$ 1728																						
Patent fees are subject to annual revisions on or about October 1st of each year.																						
Filing as large entity																						
BASIC FILING FEE																						
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>1001</td><td>750</td><td>750</td></tr><tr><td colspan="4">Subtotal For Basic Filing Fees: \$ 750</td></tr></tbody></table>				Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	1001	750	750	Subtotal For Basic Filing Fees: \$ 750										
Fee Description	Fee Code	Amount \$	Fee Paid \$																			
Utility Filing Fee	1001	750	750																			
Subtotal For Basic Filing Fees: \$ 750																						
EXTRA CLAIM FEES																						
<table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 65</td><td>45</td><td>1202</td><td>18</td><td>810</td></tr><tr><td>Independent Claims : 5</td><td>2</td><td>1201</td><td>84</td><td>168</td></tr><tr><td colspan="4">Subtotal For Extra Claims Fees: \$ 978</td></tr></tbody></table>				Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 65	45	1202	18	810	Independent Claims : 5	2	1201	84	168	Subtotal For Extra Claims Fees: \$ 978			
Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$																		
Total Claims : 65	45	1202	18	810																		
Independent Claims : 5	2	1201	84	168																		
Subtotal For Extra Claims Fees: \$ 978																						
AUTHORIZED BILLING INFORMATION																						
The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:																						
Deposit account number:	180584																					
Access Code	*****																					
Deposit name:	Reed Tool Co.																					
Deposit authorized name:	Jeffrey E Daly																					
Signature:	Jeffrey E Daly																					
Date (YYYYMMDD):	2003-09-12																					
Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.																						